

## REQUEST FOR APPROVAL OF NONCOMPETITIVE ACTION

**IMPORTANT: See instructions on reverse and detailed instructions in Subchapters S4 and S5, Appendix A, FPM Supplement 296-31.**

<div style="text-align: center; margin-bottom: 20px;"><i>(Enter Name, Address, and ZIP Code of OPM Office)</i></div> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;">Office of Personnel Management</div> <div style="margin-top: 20px;">ATTENTION:</div> <div style="border: 1px solid black; height: 30px; margin: 10px auto; width: 80%;"></div>		<div>1. Type of Action</div> <div style="display: flex; justify-content: space-between;"><div style="width: 60%;"><div><input type="checkbox"/> Transfer</div><div><input type="checkbox"/> Position change</div><div><input type="checkbox"/> Reinstatement</div><div><input type="checkbox"/> Temporary or Term Appointment based on Reinstatement Eligibility</div><div><input type="checkbox"/> Career Appointment</div><div><input type="checkbox"/> Career Conditional Appointment</div></div><div style="width: 35%; vertical-align: top;"><div><input type="checkbox"/> Conversion to Career or Career-Conditional Appointment</div><div><input type="checkbox"/> Appointment (Spec. Tenure)</div><div><input type="checkbox"/> Excepted Appointment</div><div><input type="checkbox"/> Detail</div><div><input type="checkbox"/> Other (Specify)</div></div></div>
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2. OPM Regulation or other authority under which action is requested:

12. Reason for Submission *(To be checked by agency.)*

☐ approval of nominee's experience and training.

☐ approval of action involved:

☐ waiver of Time-After-Competitive-Appointment restriction under OPM Regulation 330.501.

☐ (2) Waiver of experience and training requirement.

☐ (3) Written test.

B. *(Continued)*

☐ (4) A position for which no experience and training standards have been issued.

*(Enter Name, Address, and ZIP Code of Requesting Office)*

For Information Call *(Name, Telephone No., including Area Code)*

SEE OTHER SIDE FOR OPM ACTION ON THIS REQUEST

## INSTRUCTIONS

### NUMBER OF COPIES TO BE SUBMITTED

Submit this form in duplicate.

### OFFICE TO WHICH REQUEST IS

Submit this request to the office which has recruiting jurisdiction over the position involved, except when instructions applicable to the case (see Subchapters S4 and S5, Appendix A, FPM Supplement 296-31) require submission to the OPM's central office (for example, all requests for career appointment based on service in the legislative or judicial branch under section 2(b) or (c) of the

### SUPPORTING DOCUMENTS AND

Attach to all requests a completed copy of Standard Form 171 (or 173), Personal Qualifications Statement: except that Standard Form 172, Amendment to Personal Qualifications Statement, may be used with requests which involve qualification requirements only. (Standard Form 172 may be omitted when the administration of a written test is the only action involved.) Attach any additional documents and include in Item 11 (or attach) any statements required by applicable instructions in Subchapter S4 or S5,

### REQUEST INVOLVING SEPARATION FOR CAUSE

State whether the nominee's Official Personnel Folder is in the agency's possession, or has been requested by

## OPM ACTION

The action proposed on the reverse side of this form is:

Approved

Disapproved (*See note below.*)

The requirements which are checked below were reviewed in making this decision:

☐  
☐  
☐  
☐

Qualifications requirements only

Suitability

Reinstatement eligibility determination

Other (*Specify under "Remarks"*)

**Note:** The agency must determine whether the individual meets all other requirements for the action proposed.

Remarks:

OFFICE OF PERSONNEL MANAGEMENT

Authorized Signature

Date (*Month, Day,  
Year*)